

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for date of service, 4-30-01.
- b. The request was received on 3-25-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. UB-92
 - c. Audit reports
 - d. Based on Commission Rule 133.307 (g) (4), the Division notified the Requestor of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 5-24-02. There is no response from the Requestor noted in the dispute packet.
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60
 - b. HCFA 1450
 - c. EOBs
 - d. Audit Reports
 - e. There is not a carrier sign sheet submitted with the dispute packet.

III. PARTIES' POSITIONS

1. Requestor: No position statement.
2. Respondent: No position statement:

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 4-30-01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.

3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$3,944.63.
4. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$1,751.06.
5. The TWCC 60 indicates that the amount in dispute is \$2,138.57.

V. RATIONALE

Medical Review Division's rationale:

The Requestor has submitted UB-92s for ambulatory surgical services for date of service 4-30-01. The carrier has denied the charges in dispute as "1 – (F) THE CHARGE FOR THIS PROCEDURE EXCEEDS FAIR AND REASONABLE"; "THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE OR USUAL AND CUSTOMARY ALLOWANCE". The Medical Review Division's decision is rendered based on denial codes submitted to the Provider prior to the date of this dispute being filed.

However, before considering the denial of a service, the Medical Review Division must first determine that the services were rendered as billed. After review of the dispute file, no documentation was noted to support the services billed. Therefore, no additional reimbursement is recommended.

The above Findings and Decision are hereby issued this 30th day of August 2002.

Lesia Lenart, RN
Medical Dispute Resolution Officer
Medical Review Division

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This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.